

# Lincoln



# Nebraska's Capital City

May 1, 2001

Mayor Wesely and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Wesely and Members of the City Council:

An investigation has been made regarding the application of BCRT Inc d.b.a. The Pit Crew, 3223 Cornhusker requesting a class C liquor license for this location. This location was previously known as Sherry's, which did hold a class C liquor license.

Bonnie Charlesworth, president of BCRT Inc has requested that she be approved as the manager of this liquor license.

Background information on Bonnie Charlesworth will be omitted as she was approved by the Council in August 1999 as the manager and owner of Coyote Willy, located at 2137 Cornhusker, holders of liquor license C-44472

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



**Police Department**

575 South 10th Street / Lincoln, Nebraska 68508 / Phone: 402-441-7204 / Fax: 402-441-8492 / Website: [www.ci.lincoln.ne.us](http://www.ci.lincoln.ne.us)

**A nationally accredited law enforcement agency**



# STATE OF NEBRASKA

Set date: 4/30

5-21-01



Mike Johanns  
Governor

April 25, 2001

Office of the City Clerk  
555 So. 10th St  
Suite 103  
Lincoln NE 68508

## NEBRASKA LIQUOR CONTROL COMMISSION

Forrest D. Chapman  
Executive Director

301 Centennial Mall South, 5th Floor  
P.O. Box 95046  
Lincoln, Nebraska 68509-5046  
Phone (402) 471-2571  
Fax (402) 471-2814  
TRS USER 800 833-7352 (TTY)

44992  
113

RE: BCRT Inc dba The Pit Crew  
Class C Application

and mgr APP

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

### TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose NOT to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Mary Messman

Licensing Division

Enclosures

Rhonda R. Flower  
Commissioner

R.L. (Dick) Coyne  
Chairman

Bob Logsdon  
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001  
REV. 12/99

2/99

# Corporation Application for License - Form 3 and 4

Nebraska Liquor Control Commission

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APR - 5 2001

NEBRASKA LIQUOR  
CONTROL COMMISSION

## INSTRUCTIONS:

- 1) Application and application for manager must be typewritten and submitted in triplicate.
- 2) Fingerprint cards (2 cards per person) must be submitted for each stockholder owning over 25% stock, chief executive officer, manager and all spouses.
- 3) Information regarding spouses must be completed; indicate if NOT married, or, spouse may provide an affidavit of NO interest if they have no interest at all, directly or indirectly.

Is this corporation organized under the laws of Nebraska, not for profit, exempted from the payment of Federal Income Taxes as provided by Section (501)(c)(4), (7) or (8) Internal Revenue Code of 1954. ☐ YES ☒ NO If yes, a certified copy of letter of exemption from the Internal Revenue Service shall be attached to this application recognizing the exempt status of the corporation.

Name of Corporation That Will Hold License. Attach copy of State of Nebraska Registration. BCRT, Inc.				Total Number of Shares. Attach Copies of Stock Certificates. 100	
Corporate Street Address (1) 5015 North 25th		Corporate Street Address (2)		Corporate Telephone Number 402-476-3549	
City Lincoln	County Lancaster	State Nebraska	Zip Code 68521		
Name of Resident Agent Bonnie J. Charlesworth		Name of Manager Bonnie J. Charlesworth			
IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER					
Name Bonnie J. Charlesworth		Title President	Date of Birth [REDACTED]	Social Security Number [REDACTED]	
Home Address (1) [REDACTED]		Home Address(2)		Driver's License Number [REDACTED]	State Nebraska
City Lincoln	State NE	Zip Code 68521	Home Telephone Number 402-[REDACTED]		Business Telephone Number

**APPLICATION FOR LICENSE**

Nebraska Liquor Control Commission  
PO Box 95046, 301 Centennial Mall South  
Lincoln, NE 68509-5046

<http://www.nol.org/home/NLCC/>  
Phone: (402) 471-2571  
Fax: (402) 471-2814

*City*  
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**RECEIVED**  
APR - 5 2001

**INSTRUCTIONS:** Include: 1. Applicable fees payable to Liquor Control Commission  
2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251  
5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock 6. All applications must be typewritten or printed clearly 7. Submit in

**Triplicate****CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH**

Class of License (Check applicable class)	Registration Fee	License Fees	Corporate Surety Bond
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input checked="" type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, On Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	\$ 1,000 min.

**TYPE OF APPLICATION**

Type of application being applied for  
(place appropriate number in box)

3

- 1= Individual License requires Form 1 to be attached.  
2= Partnership License requires Form 2 to be attached.  
3= Corporate License requires Form 3 and 4 and Manager Application be attached.

**CORPORATE SURETY BOND INFORMATION**

Bond Company - for Classes L V W X Y only

Start Date Month/Day/Year

Bond Number

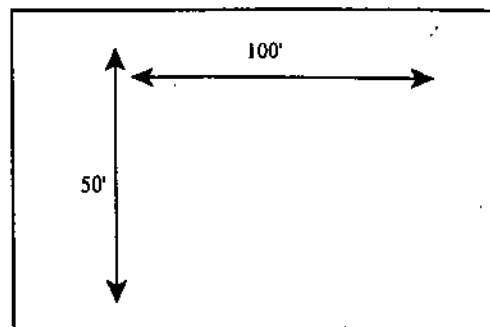
**SECTION A - LOCATION INFORMATION - Must be completed by all applicants**

Trade Name (name of business)  The Pit Crew			Telephone Number at premise to be licensed  (402) 464-9155		
1) Street Address of Proposed licensed premise  3223 Cornhusker Highway			2) Mailing Address for receipt of Liquor Control Commission mailings		
City  Lincoln	County  Lancaster	Zip Code  68521	City	County	Zip Code

# DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.

N ↑



*1 story bldg*

N ↑



Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement approximately 30' x 50' at the East end.

SECTION B		OTHER INFORMATION REQUIRED	
	Yes	No	Explanation/Comments
<p>1. READ CAREFULLY. Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.</p>		X	

	Yes	No	Explanation/Comments
2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).		x	Starting new business
3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.		x	
4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.		x	
5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.		x	
6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.		x	
7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?		x	
8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.		x	
9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.		x	
10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.			Cornhusker Bank, Lincoln, NE Bonnie J. Charlesworth Ron Tegtmeier
11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.			BCRT, Inc. d/b/a/ Coyote Willy Lincoln, Nebraska C-44472
12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.			Bonnie J. Charlesworth 30 hrs per week
13. List the training and experience of the person listed in #11 above in connection with selling and/or serving alcohol products.			Hospitality Class; 4 years in bar management
14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)			Lease attached Expiration date: 4/30/2004
15. When do you intend to open for business?			Upon issuance of license

15. List the principal residence for the past 10 years for all persons required to submit fingerprint cards. If necessary attach a separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
Bonnie J. Charlesworth	1996	present	Lincoln, NE
	1991	1996	Glenwood, IA
	1971	1991	Omaha, NE
	1967	1971	Kearney, NE

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

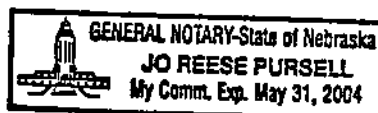
Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

sign here Bonnie J. Charlesworth sign here \_\_\_\_\_  
 Bonnie J. Charlesworth  
 sign here \_\_\_\_\_ sign here \_\_\_\_\_  
 sign here \_\_\_\_\_ sign here \_\_\_\_\_  
 sign here \_\_\_\_\_ sign here \_\_\_\_\_

Subscribed in my presence and sworn to before me this 30<sup>th</sup> day of March, 2001.

(SEAL)



In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.

Sign here

Jo Reese Purcell  
 Notary Public Signature

# RECEIVED

## Application for Corporate Manager

**\*Must Be A Nebraska Resident\***

APR - 5 2001

NEBRASKA LIQUOR  
CONTROL COMMISSION

Return to: Nebraska Liquor Control Commission, PO Box 95046  
301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: <http://nol.org/home/NLCC>

LIQUOR LICENSE INFORMATION				
NAME OF LICENSED CORPORATION BCRT, Inc.			CLASS & LICENSE NUMBER C	
TRADE NAME OF LICENSED PREMISE The Pit Crew				
STREET ADDRESS OF LICENSED PREMISE 3223 Cornhusker	CITY Lincoln	COUNTY Lancaster	ZIP CODE 68504	
On behalf of the corporation, I designate this individual as corporate manager. Signature of Corporate President/CEO:				
APPLICANT INFORMATION (MUST BE 21 OR OVER)				
NAME (LAST, MIDDLE, FIRST, MAIDEN) Charlesworth, Bonnie (Dvorak)	SEX F <input checked="" type="checkbox"/>	SOCIAL SECURITY NUMBER [REDACTED]	DATE OF BIRTH [REDACTED]	PLACE OF BIRTH Lincoln, NE
HOME STREET ADDRESS [REDACTED]	CITY Lincoln	COUNTY Lancaster	STATE NE	ZIP CODE 68521
HOME TELEPHONE NUMBER (402) 476-3549	BUSINESS TELEPHONE NUMBER ( )		DRIVERS LICENSE NUMBER & STATE [REDACTED] Nebraska	
SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)				
FULL NAME (LAST, FIRST, MIDDLE, MAIDEN) Not Married		SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER & STATE	
DATE OF BIRTH:		PLACE OF BIRTH:		
<p>1. READ CAREFULLY - ANSWER FULLY AND ACCURATELY Has anyone who is a party to this application or their spouse ever been convicted of or pled guilty to any criminal charge? Criminal charge means any charge alleging a violation of a Federal, State or local law or ordinance. List the nature of the charge, where the charge occurred and the year and month of the conviction or guilty plea. Also list any pending charges at this time.</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>				

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

☒ YES ☐ NO Coyote Willy, 2137-A Cornhusker Hwy., Lincoln, NE C-44472

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

☐ YES ☒ NO



4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?  
Nebraska Liquor Control Act (§53-131.01)

☒ YES ☐ NO

5. Have you filed fingerprint cards and proper fees with this application?

☒ YES ☐ NO on file.

RESIDENCES SINCE AGE 18, APPLICANT AND SPOUSE MUST COMPLETE				
APPLICANT: CITY & STATE	YEAR FROM	YEAR TO	SPOUSE: CITY & STATE	YEAR FROM TO
Lincoln, NE	1996	pres.	n/a	
Glenwood, IA	1991	1996		
Omaha, NE	1971	1991		
Kearney, NE	1967	1971		

EMPLOYERS - LIST LAST TWO EMPLOYERS			
YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1999	present BCRT, Inc.	Bonnie J. Charlesworth	402-476-3549
1996	1999 T & C	Manager/Rom Patel	402-464-3656

PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY APPLICANT & SPOUSE

STATE OF NEBRASKA )  
 ) SS  
COUNTY OF LANCASTER

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

Bonnie J. Charlesworth  
Signature of Applicant

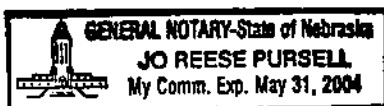
\_\_\_\_\_  
Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this 30th  
day of March, 2001.

Subscribed in my presence and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_

Jo Reese Pursell  
Notary Signature & Seal

\_\_\_\_\_  
Notary Signature & Seal



## Corporation Application for License - Form 3 and 4

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS AND SPOUSES				
Name of Officers, Directors, Spouses and Address. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title	Number of Shares
<b>OFFICER'S NAME</b> Bonnie J. Charlesworth	██████████	██████████	President	80
Spouse's Name n/a				
<b>OFFICER'S NAME</b>				
Spouse's Name				
<b>OFFICER'S NAME</b>				
Spouse's Name				
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Spouse's Name				
<b>OFFICER'S NAME</b>				
Spouse's Name				
<b>OFFICER'S NAME</b>				
Spouse's Name				

(If Necessary, Continue on Separate Sheet)

Is this Corporation controlled by another Corporation? ☐ YES ☒ NO

Name of Control Corporation

IF YES, LIST EACH SHAREHOLDER OWNING MORE THAN 25% stock in that corporation. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock. (If needed use separate sheet)

Please indicate below your corporate tax year with the IRS.

Starting Date: 01-01 Ending Date: 12-31

Are any of the stockholders, officers, directors, or spouses ineligible personally to receive a license? ☐ YES ☒ NO

If YES, list the names of such persons and the reason(s) they are ineligible. Use Separate Sheet (If Applicable)

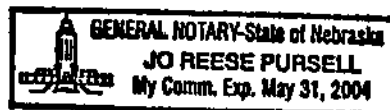
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That BCRT, Inc. a corporation organized and doing business under the laws of the State of Nebraska, with its registered corporate office in Lincoln, Lancaster County, Nebraska, does hereby nominate and appoint Bonnie J. Charlesworth of Lincoln, Lancaster County, Nebraska, who is a registered agent and attorney-in-fact to represent the corporation before the Nebraska Liquor Control Commission, as required, specified, or provided for by section §53-126 of the Nebraska Liquor Control Act.

STATE OF NEBRASKA,

LANCASTER County

  
Notary Public Signature & Seal



By Bonnie J. Charlesworth  
PRESIDENT

SECRETARY

In Compliance with ADA, this form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format